

APPENDIX C: SHARED DECISION MAKING

SHARED DECISION MAKING

Shared decision making will be systematically employed by DCFS for key decisions. Shared decision making takes different forms as it is implemented throughout the Division. Shared decision making means identifying those decisions that need to be shared with supervisors, area managers, regional administrators, and headquarters. Shared decision making means a commitment to team decision making whenever possible; such teaming to include peers, members of other units, foster parents, DSHS staff from other divisions and community professionals involved in our cases. Shared decision making means participation and partnership on cross program treatment teams (wrap-around teams). Shared decision making means sharing tough decisions with the community through the use of consultation teams.

The Shared Decision Making Committee was convened at the request of Rosie Oreskovich, Assistant Secretary, for Children's Administration. The committee represented all Regions, Headquarters, and Community representatives. Members were: Nancy Zahn, Dee Wilson, Carol Bailey, Ruthie Morris, Arlene Miletich, Shirley Moore, Ed Cote, Dr. Jill Cole, Charlene Ramirez, Lee Doran, Carol Clarke, and Peggy West.

Our committee has structured our report in three key areas:

- **Shared Decision Making *Within* the Division**

This proposal for sharing decision making with supervisors, managers, and headquarters attempts to establish a minimum baseline expectation statewide. Currently decisions that are expected to be "shared up" are at the discretion of individual Regional Administrators and Area Managers. We found extreme variations in expectations between regions and within regions by Area Managers. It is no wonder line staff are confused and desperately ask "just who is to make what decisions"!

The first portion of our report proposes a common baseline of accountability for key decisions that will be the same statewide. We are in some instances formally creating new policy expectations (in some instances these areas are informal "common sense" expectations, in some instances these are areas that are "getting us in trouble", and in some instances these are areas where three of six regions require "sharing up" and the others do not.) And there are some areas where we have set a decision point at a level lower than some regions currently require.

We identified those areas where Tribes need to be informed and given the opportunity to review and/or approve the decision. We attempted to entwine the areas of the Tribal/State agreement throughout the report as opposed to doing a separate document to reflect ICW Tribal issues.

This proposal is submitted for review and comment by the Greater DCFS Management Team at the April Retreat. We recognize that different folks visualize differently and that there are different ways to format these charts; this format is the way that worked for our committee. We also recognize the need to refine group decision areas (such as grouping licensing, CPS, CWS, etc.).

One of the questions asked of us was whether or not there should be a common expectation for information sharing/monthly reports. We reviewed several currently in use and found wide variation. Common themes were data regarding workload, compliance issues, constituent complaints/difficult cases, personnel and office issues, community activities/issues, good news, and "other". We believe we have captured these areas in establishing common expectations for information sharing. We see our role to establish the expectation for information sharing; the regions need to determine the format (verbal, written, report, etc.).

- **Shared Decision Making Teams**

Shared decision making means systematically employing teams for key decision making. Team decision making will provide opportunities for critical thinking and creative problem solving; share responsibility for decisions; share liability; and provide opportunities for ensuring quality assurance.

Our committee proposes several key decisions that should be team decisions. In some instances, the Division already employs a team decision making format; that needs to continue. We are proposing new requirements for team decision making. We recognize this has a substantial workload impact and will require the initial up front work of establishing the team composition and structure, the decision making protocols, and the team building necessary for the establishment and maintenance of successful teams.

We suggest the following teams be established in each region: Prognostic staffing, permanency planning, CPS/Licensing, CPS/Abuse Neglect, Administrative Review, Adoption Review, DDD/DCFS Teams per Regional agreements, and community cross program teams (wrap-around). The first five teams are new expectations; it is this committee's belief that the last four teams currently exist in most areas.

We recognize the issues highlighted by Health and Safety concerns require immediate action to establish teaming in CPS/Licensing and identify that as the first priority. This committee believes that most long term benefit to children and families will come from implementing prognostic staffing teams. We recommend this team be the priority team to implement. Next in priority, we would recommend permanency planning team staffings, CPS/Abuse Neglect teams.

Each Region needs to clarify with Tribes and ICWAC the nature of tribal/ICWAC participation in DCFS teams.

Cross-program teams (wrap-around) exist in all areas of the state. These teams are external teams for which DCFS staff are key participants. These teams are generally developed under the auspices of Children's Mental Health statutes and are generally managed by RSN's, and/or education. Teams include decision making for admission to mental health facilities and programs and also individual treatment teams. Our committee identifies the need for Regions to develop guidelines clarifying these teams' authority to make case planning decisions and authorize funds. Problem resolution mechanisms also need to be in place for these teams. Regions need to clarify with Tribes and ICWAC the nature of tribal/ICWAC

participation in these community teams (as it relates to Indian children in DCFS caseloads).

- **Shared Decision Making with Community Consultation Teams**

DCFS currently has statutory and policy mandates for several community consultation teams. With the exception of Child Fatality Review teams, this committee does not recommend establishing any additional community consultation teams. We do however identify the need to clarify the teams. We believe staff need to understand the statutory mandates in terms of expected staffings and team membership. We also believe these teams can be strengthened and are identifying recommended areas of staffing/consultations.

It is also essential the Division recognize these teams require nurturing and maintenance. This generally means a DCFS staff assigned to facilitate the team, arrange coffee and light refreshments, recruit new team members, etc. This workload must be legitimized and built into workload study standards if we expect these consultation teams to thrive.

Our committee was also asked to recommend a format for problem resolution when there is conflict with community professionals serving a child/family. Our first recommendation is the utilization of existing consultation teams, such as CPT's. Recognizing that this will not always be successful, we identified as a "sharing up" decision, conflict with community professionals. At every level, we would recommend that the supervisor, area manager, Regional Administrator convene a staffing to include all professionals involved in a case as a preferred means of resolving conflict. It is our impression that in many instances the conflict revolves around information that is not fully shared with all team members and/or misunderstandings about the roles/authorities/ and responsibilities of team members. We would also envision that as the Division implements teaming for key decisions, these conflicts should decrease as it is our vision that community professionals, as well as parents, children, and foster parents, will feel they are part of the team.

SHARED DECISION MAKING

To summarize the need for shared decision-making:

- Social workers need to be supported in their decision making. They need to know clearly when to seek consultation. They also need to feel and know that supervisors and managers share responsibility for decisions.
- DCFS will establish clear expectations regarding accountability. Staff at all levels need to know which decisions they will share responsibility for.
- We make better decisions when we can consult and review with others. Team decisions are generally better than decisions made in isolation. We will have guidelines and expectations for how and when to consult teams on decisions.

Shared decision making will be systematically employed by DCFS for key decisions, and will take different forms as it is implemented throughout the Division. Shared decision making involves:

- Identifying those decisions that need to be shared with supervisors, area managers, regional administrators, and headquarters;
- A commitment to team decision making whenever possible -including peers, foster parents, professionals from other divisions and community professionals involved in our cases;
- Participation and partnership on cross program treatment teams (wrap-around teams); and
- Sharing tough decisions with the community through the use of consultation teams.

This section is structured in three key areas of shared decision making:

- Decisions Shared within the DCFS Chain-of-Command;
- Team Decision Making within the Division; and
- Shared Decision Making with Community Consultation Teams.

The following comments about shared decision making need to be made:

- This document does NOT attempt to outline every decision that is made on a daily basis by staff at all levels. It does attempt to identify those key decisions that need to be shared.
- Equally important is what is not dealt with---SHARING DOWN. In all areas, where a case specific decision is made at a level higher than the social worker, it is essential that the decision be communicated promptly to the social worker. It is also essential that the social worker, supervisor, and area manager be given the opportunity for

Appendix C: Shared Decision Making

review, comment, and understanding of decisions made at a higher level. It is recognized that workload does not permit the RA's to staff all decisions made at their level; it is equally recognized that whenever possible, staff at all levels should be jointly making the decision.

- This document is not meant to be a substitute for supervision. It is recognized that there will be decisions that should be shared but are not on the list. Staff will always need to use common sense and judgement in decision making. There are no magical answers that will ALWAYS guide staff. This document is meant to be a document that will GENERALLY guide staff.
- The authorized decision maker is the person the agency expects to be accountable for the decision listed. It is recognized that we all delegate differentially to staff. The authorized decision maker must be able to explain why they have delegated decision making, and the designee must be aware they are representing the delegator. Decisions to delegate are to be made on the basis of the designee's knowledge and expertise. There needs to be a system in place to do random reviews of the delegated decisions.
- Most regions have Deputies and/or SHPM 4's. These managers may have duties similar to Area Managers. Given the variety of regional organizational structures, we did not differentiate between SHPM 4's and Area Managers. Each region will need to "regionalize" the definition of Area Manager.
- Each region needs to develop their accountability/documentation standards. For example, regarding the "information to" expectations, staff need to know if this is to be shared verbally, in written form, how soon, etc.
- Policies and procedures regarding Child Fatality Reviews, CPT's, CPS-Licensing, and Supervisory Review/Conferences are currently being developed and/or updated. As these policies are issued, Shared Decision Making Guidelines need to be updated.

SHARED DECISION MAKING WITHIN THE CHAIN-OF-COMMAND

Attachment A establishes a minimum baseline expectation for sharing information and decisions with supervisors and regional managers.

Those areas where Tribes need to be informed and given the opportunity to review and/or approve our internal decisions are identified.

TEAM DECISION MAKING

Shared decision making means systematically employing teams for key decision making (**Attachment B**). Team decision making will provide:

- opportunities for critical thinking and creative problem solving;
- shared responsibility and improved compliance with decisions;
- shared liability; and

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- opportunities for quality assurance.

Several key decisions that should be shared by a team (**Attachment C**) are identified. In some instances, the Division already employs a team decision-making format that will continue. New requirements for team decision making are recommended. The substantial workload impact involved is recognized. Implementation will need to include: a realistic appraisal of current staffings which could be eliminated through the use of team decision making; initial work to establish team composition and structures and decision making protocols; and team building necessary for the establishment and maintenance of successful teams.

The following teams should be established and routinely utilized in each region:

- | | |
|---------------------------------|---------------------------|
| ▪ Prognostic Staffing | ▪ Adoption Review |
| ▪ | ▪ |
| ▪ Permanency Planning | ▪ Administrative Review |
| ▪ CPS/Licensing | ▪ DDD/DCFS Teams |
| | (per regional agreements) |
| ▪ Community Cross Program Teams | ▪ ICWAC |
| (Wrap around) | |
| ▪ CPS/Abuse Neglect | ▪ |

The teams identified in the left-hand column represent new expectations. The teams in the right-hand column currently exist in most areas.

The issues highlighted by Health and Safety reviews require immediate action. Therefore, CPS/Licensing teams are the first priority. Prognostic teams offer the most significant long term benefit to children and families and should be implemented as a high priority. Next, in rank order of descending priority, regions should phase-in implementation of permanency planning team staffings and CPS/Abuse Neglect teams..

Each Region needs to clarify with Tribes and ICWAC the nature of tribal/ICWAC participation in DCFS teams.

Cross-program teams (wrap-around) exist in all areas of the state. These teams are external teams for which DCFS staff are key participants. These teams are generally developed under the auspices of Children's Mental Health statutes and are generally managed by RSN's, and/or education. Team decisions include admissions to mental health facilities and programs and also individual treatment plans. Regions need to develop guidelines clarifying these teams' authority for case planning decisions and for the authorization of DCFS funds. Problem resolution mechanisms also need to be in place for these teams. Regions need to clarify with Tribes and ICWAC the nature of tribal/ICWAC participation in these community teams (as it relates to Indian children in DCFS caseloads).

SHARED DECISION MAKING WITH COMMUNITY CONSULTATION TEAMS

DCFS currently has statutory and policy mandates for several community consultation teams. DCFS needs a format for problem resolution when there is conflict between community and DCFS professionals serving a child or family. The first recommendation is to utilize existing consultation teams, such as CPTs. Recognizing that this will not always be successful, it is also recommended for the "sharing up" of information and decisions involving unresolved conflict with community professionals. At every level, the supervisor, area manager or regional administrator should convene a staffing to include all the professionals involved in a case conflict, as the preferred means of resolving conflict.

**POLICY FOR SHARED DECISION MAKING
SOCIAL WORKER/LICENSOR
WITH SUPERVISOR**

Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
➤ Choice of provider (placement services).	Screening decision except those based on imminent harm and/or behavioral indicators only.	Social Worker	➤ Screen-ins based on risk of imminent harm only and/or based on behavioral indicators only.	Supervisor
➤ Clients feel wrongly treated.	➤ Risk tags.	Social Worker	➤ Screen-outs or low risk tags if new referral on case open within the last year.	Supervisor
	➤ Open/Close.	Social Worker	➤ Initial intervention strategies on cases with multiple referrals from more than one referent.	Supervisor
	➤ Case plans with no court action.	Social Worker	Case closure if case has multiple referrals within the last year.	Supervisor
	Incident report (at assignment).	N/A	*Screen-outs where a Tribe makes a referral.	Supervisor

☐ **DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.**

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licenser when appropriate.

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
	*Any serious inflicted injury, sexual abuse, and all child deaths on cases open in the past year.	N/A	➤ *Legal filings (e.g. dependencies; terminations).	Supervisor
	Pattern of non-compliance with MLRs or poor care in a licensed facility.	Area Manager	➤ *Out of home placement (prior to placement if possible or ASAP).	Supervisor
	Inability/failure to meet IVB requirements.	N/A	➤ *Returning a child (CPS) to home.	Supervisor
	Review for ICW issues (ethnicity; compliance; Tribes; LICWAC).	N/A	➤ Decision not to place given sexual abuse.	Supervisor

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
	<p>Impasse with ICWAC.</p> <p>➤ Unorthodox practice (e.g. creative; doubtful; out on a limb).</p> <p>➤ Adoption.</p> <p>➤ Guardianship; permanent foster care agreements.</p> <p>➤ Decision to place or to continue placement in homes where a founded incident report of CA/N and/or pattern of poor care in a licensed facility.</p>	<p>DSHS Secretary</p> <p>Area Manager</p> <p>Area Manager unless otherwise delegated by RA.</p> <p>Area Manager</p> <p>RA</p>	<p>Decision not to place in cases of medical neglect involving chronic illness or special health care needs.</p> <p>Inability to meet response time on cases requiring high risk standard investigation.</p> <p>➤ Cross cultural placements.</p> <p>➤ Returning a dependent child home.</p> <p>➤ Disputed changes of placements (e.g. move from foster home to relatives).</p>	<p>Supervisor</p> <p>Supervisor</p> <p>Supervisor</p> <p>Supervisor</p> <p>Supervisor</p>

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
	➤ Unorthodox placements (e.g. child in a motel; in an apartment; or in other unusual situations).	RA	Case plan/closure where interventions are not working (e.g. chronic neglect; adolescents who don't fit).	Supervisor
	➤ <input type="checkbox"/> CPS case closures if risk is high after investigation.	Area Manager	Review home study and compliance with MLR's prior to licensing.	Licensing Supervisor
	➤ <input type="checkbox"/> Decision not to place given serious inflicted injury.	Area Manager	Case transfer within or outside of the office.	Supervisor
	➤ <input type="checkbox"/> Decision not to place with pattern of life endangering neglect (e.g. lack of supervision for 0-5 years of age; non-organic failure to thrive; serious medical neglect that endangers life).	Area Manager	ISP's.	Supervisor
	Second extension of 90 day rule.	Area Manager	Designated expenditures per region's delegation of authority.	Supervisor

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
	Decisions to license if home appears marginal (e.g. home barely meets or arguably does not meet MLRs).	DLR Regional Manager	ETPs; ECPs; Waivers.	Per region's delegation of authority.
	Decision to re-license where a home has had founded complaints.	DLR Director	Initiating contacts to or responding to the media as representatives of the Department.	Per DSHS policy 2.08.
	Decision to re-license where a home has a corrective action plan.	DLR Regional Manager	Services beyond program limits (e.g. extension of 90 day rule; FRS beyond 90 days; in-home CWS beyond six months; licensing applications beyond 90 days).	Supervisor
	Decision to re-license where a home has multiple complaints of any kind regarding child care or family functioning.	DLR Regional Manager	*Decision to staff with ICWAC.	Supervisor

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
	Social worker/licensor disagreements about CPS/licensing placement decisions.	Area Manager	➤ Failure to comply with court orders (e.g. foster child is ill and worker is unable to comply with court ordered visitation).	Supervisor
	Decision not to comply with or to challenge court orders that require specific placements outside of policy or which require large expenditures on services.	RA	➤ Status of case file and compliance with agency policies at the time of case transfer.	Per regional or office policy.
	Struggles/conflicts regarding prioritizing workload.	N/A	➤ After Hours placements, which require licensing waivers (e.g. over-capacity, space).	On-call Supervisor can approve placements then Area Manager reviews first working day.

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Information to Supervisor (after the event).

Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker
Decision by after hours staff to allow a child to sleep-over in a DCFS office.	Area Manager
➤ Relative placement where criminal check shows prior charges/convictions for crimes against persons.	RA
➤ <input type="checkbox"/> CPS/CWS decision not to place when physician recommends placement.	Area Manager
Worker initiated change of placement without five day written notice (conflicts with foster parents or relatives). Applies to children placed with same foster parent for 90 days or more.	Area Manager

Approval by Supervisor (prior to the event).	Authorized Decision Maker
➤ Release of youth to herself/himself instead of custodial parent in FRS situation.	Supervisor

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
	➤ Case plan on children legally free for six months or in care for one year with no permanent home identified.	Area Manager		
	➤ Administrative cases.	N/A		
	➤ All child deaths on open cases; all cases opened subsequent to child deaths.	N/A		
	➤ Decision not to place dependent child when court has ordered out of home placement. (See DCFS Manual page 4000-24.)	Area Manager		
	➤ Group care placements.	Area Manager or per region's delegation of authority.		

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
	➤ Serious inflicted injury or sexual abuse by the caregiver which occurs after a case is opened and/or occurs on a case closed within the 12 months.	N/A		
	➤ High profile cases and referrals of politically prominent persons.	N/A		
	➤ Pattern of non-compliance on part of any unit member or unit in general (e. g timelines; timely court reports/ ISPs, IVB, ICW, etc.).	N/A		
	➤ Placement of DCFS kids with DCFS staff.	RA		
	➤ Waiver reports prior to sending to Headquarters.	RA		

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Information to Supervisor (after the event).

Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker
Workload issues; need for additional staff; issues regarding office organization.	N/A

Approval by Supervisor (prior to the event).	Authorized Decision Maker

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Information to Supervisor (after the event).	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
➤ Scheduling of CPTs; interagency staffings.	➤ Community board memberships.	RA	Case related conflicts with community agencies or professionals which have not been resolved at the social worker/licensor level (staffings encouraged).	Supervisor
➤ Conflicts with providers and community professionals (Tribes, LICWAC, GALS, schools, therapists). *Recommendations of staffing groups.	➤ Social worker/licensor participation on community task force or community groups.	Area Manager or RA		

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Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Supervisor (after the event)	Review by Supervisor (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Supervisor (prior to the event).	Authorized Decision Maker
Internal conflicts between/among staff, supervisors, or units.	Out-of-state travel requests.	DSHS Secretary		
Threats to worker safety or against DSHS staff.	Outside employment by staff if no conflict of interest.	RA		
Suspected misconduct by DSHS employees.	Outside employment by staff if potential conflict of interest.	Office Chief		
Communications by social worker/licensor to those outside of the chain of command (e.g. letters directly to DSHS Secretary).	Extended annual/sick leave requests.	Per region's delegation of authority.		
Safety hazards.				
Facility problems.				
Questionable practice by peer.				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
➤ Categories of clients that are difficult to serve due to resource deficits.	➤ After Hours placements which require licensing waivers (e.g. over capacity, space).	On -call Supervisor can approve placements then Area Manager reviews first working day.	**CPS closure on cases that are high risk after investigation.	Area Manager
➤ Release of youth to herself/himself instead of custodial parent in FRS situation.	➤ Decision not to follow CPT recommendations on mandatory staffings.	RA	Decision not to follow CPT recommendations for non-mandatory staffings.	Area Manager
➤ Unresolved client complaints.	➤ Decision to leave child in foster home or group home following founded CA/N.	RA	**CPS decision not to place when physician recommends placement.	Area Manager

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< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
Backlog in other units that impact workload (e.g. adoption home studies).	■ Relative placement where criminal check shows prior charges/convictions for crimes against persons.	RA	➤ Worker initiated change of placement without 5 day written notice (conflicts with foster parents or relatives). Applies to children with same foster parent for 90 days or more.	Area Manager
	Decision to relicense where a home has had founded complaints.	RA	➤ Case plan on children legally free for 6 months or in care for 1 year with no permanent home identified.	Area Manager
	Decision to relicense where a home has a corrective action plan.	RA	➤ Decision not to place dependent child when the Court has ordered out of home placement. (See DCFS Manual page 4000-24).	Area Manager

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Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
	Decision to relicense where a home has multiple complaints of any kind regarding childcare or family functioning.	RA	**Decision not to place in FRS/CWS situation where physician/MHP says child must be placed (suicidal/ medical condition) or child has serious medical or mental health issues where child's life may be in danger.	Area Manager
	Decision to staff and/or initiate corrective action if there is a pattern of non-compliance with MLR's or poor care in a licensed facility.	RA	<input type="checkbox"/> Cross cultural permanent plans.	Area Manager
	Pattern of non-compliance with MLR's or poor care in a licensed facility.	Area Manager	*Decision not to place an adolescent sex offender referred by DJR, Juvenile Court, or detention when victims are in the home.	Area Manager

☐ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

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Note: Include OCCP licensor when appropriate.

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Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
	Administrative cases.	N/A	*Group care placements.	Area Manager of per region's delegation of authority.
	*All child deaths on open cases; all cases opened subsequent to child deaths.	N/A	Revocations or suspensions.	RA or per region's delegation of authority.
	Serious inflicted injury or sexual abuse by the caregiver, which occurs after a case is opened and/or occurs on a case closed within the last 12 months.	N/A	Contents of Administrative Reports of Incidents; CIR's.	Area Manager and DLR Director
	*High profile cases and referrals of politically prominent persons.	N/A	Conflict or disagreement with Tribes.	Area Manager and DLR Director
	Impasse with ICWAC.	DSHS Secretary.	*Unorthodox practice (e.g creative, doubtful, out on a limb).	Area Manager

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

25

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
	<p>Workload issues; need for additional staff; issues regarding office organization.</p> <p><input type="checkbox"/> Unorthodox placements (e.g. child in motel; child in apartment; or other unusual situations).</p> <p>Disagreements between or among units regarding assignments (e.g. CPS vs. FRS; CPS/licensing issues).</p> <p>Pattern of non-compliance on part of any unit member or unit in general (e.g. timelines; timely court reports/ISP's; IVB; ICW; etc.).</p> <p>*Failure to comply with Court orders including Tribal Court orders.</p>	<p>N/A</p> <p>RA</p> <p>Area Manager & DLR Director</p> <p>N/A</p> <p>N/A</p>	<p>ETP's; ECP's; Waivers.</p> <p>Decision by after hours staff to allow a child to sleep-over in a DCFS office.</p>	<p>Per region's delegation of authority.</p> <p>Area Manager</p>

☐ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

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< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
	<p>Decision not to comply with or to challenge Court orders that require specific placements outside of policy or which require large expenditures on services.</p> <p>Placement of DCFS kids with DCFS staff.</p> <p>Out-of-state travel requests.</p> <p>CPT appointments.</p> <p>Waiver reports prior to sending to Headquarters.</p> <p>Media requests for information.</p>	<p>RA</p> <p>RA</p> <p>DSHS Secretary</p> <p>RA</p> <p>RA</p> <p>Per DSHS Policy 2.08.</p>		

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

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< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
Significant problems in relationships with community agencies.	Community board memberships.	RA	Case related conflicts with community agencies or professionals which have not been resolved at supervisory level (staffings encouraged).	Area Manager
Concerns about Juvenile Court process or ability of key providers to serve clients.			Cases requiring clarification of agency position (e.g. conflict with interagency staffing groups).	Area Manager
Opportunities for interagency collaboration.			Staff's participation on boards, task forces and committees; or social work advocacy in the community.	Area Manager

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensure when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
➤ Threats to staff or licensed facilities.	Performance indicators (e.g. placement rate, filing rate, permanency planning statistics).	N/A	➤ Initiating contacts to the media as representatives of the Department.	Per DSHS Policy 2.08.
➤ Unit's training needs.	Monthly review of workload statistics and unit performance.	N/A	➤ Initiating contacts to Legislators as representatives of the Department.	Per DSHS Policy 2.08.
➤ Resource/service gaps or shortages.	Serious threats to staff.	N/A	➤ Personnel actions/ counseling memos, evaluations.	Area Manager
➤ Communications by staff to those outside of the chain of command (e.g. letters directly to the Secretary).	Pattern of budget overruns.	N/A	➤ Filling vacancies, leave without pay requests.	Area Manager
➤ Safety hazards.	Corrective action plans for licensed facilities, group homes, staff.	Licensing Area Manager	➤ Hiring decisions.	RA or per region's delegation of authority.
➤ Facility Problems	Outside employment by staff if there is a potential conflict	Office Chief		

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
➤ Major computer/equipment problems (e.g. networks going down frequently).	Outside employment by staff if no conflict of interest.	RA		
➤ Give Area Manager feedback about decisions/ concerns, policies, styles.	Supervisor not having monthly conferences with staff.	N/A		
➤ Extended annual/sick leave requests.				
➤ Misconduct by staff.				
➤ Questionable practice by peer.				
➤ Suspected non-compliance/ misconduct by contractor.				
➤ Staff feelings/morale.				
➤ Consistently outstanding staff				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
SUPERVISOR
WITH AREA MANAGER**

Page 7

Information to Area Manager (after the event).	Review by Area Manager (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Area Manager (prior to the event).	Authorized Decision Maker
performance; consistently poor staff performance.				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
Serious inflicted injury or sexual abuse by the caregiver which occurs after a case is opened and/or occurs on a case closed within the last 12 months.	*All serious injury and/or sexual abuse on cases open in licensed facilities.	N/A	Decision not to comply with or to challenge Court orders that require specific placements outside of policy or which require large expenditures on services.	RA
Decision not to place an adolescent sex offender referred by DJR, Juvenile Court, or detention when victims are in the home.	*All child deaths on open cases; all cases opened subsequent to child death.	N/A	Content of Administrative Report of Incidents; CIR's.	RA
Conflict with ICWAC; Tribes.	*Unresolved ICWAC impasse.	DSHS Secretary	*Unresolved conflicts regarding changes of placement per complaint protocol (e.g. child in care longer than 90 days).	RA
	Report on cross cultural placements.	N/A	Relative placement where criminal check shows prior charges/convictions for crimes against persons.	RA
			Placement of DCFS kids with DCFS staff.	RA

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
	Decision by after hours staff to allow a child to "sleep-over" in a DCFS office.	Area Manager	➤ Revocations or suspensions.	RA or designee.
			➤ Waiver reports prior to sending to Headquarters.	RA
			➤ Waivers involving founded C/AN.	RA
			➤ Decision to re-license where a home has had founded complaints.	RA
			➤ Decision to re-license where a home has a corrective action plan.	RA
			➤ Decision to re-license where a home has multiple complaints of any kind regarding child care or family functioning.	RA

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
			*Unorthodox practice (Area Managers feel uncomfortable).	RA
			*Decision not to follow CPT recommendations on mandatory staffings.	RA
			*Unresolved conflicts with Tribes.	State Tribal Accord
			➤ Unresolved complaints per the complaint protocol.	RA
			*Relative placement where criminal check shows prior charges/convictions for crimes against persons.	RA
			*Unorthodox placements (e.g. child in a motel, in an apartment, or in other unusual situations).	RA

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
➤ Significant issues with community agencies or professionals.			➤ Case related conflicts with community agencies or professionals which have not been resolved at the Area Manager level (staffings encouraged).	RA
➤ Significant concerns about Juvenile Court process.			➤ Community board memberships.	RA
➤ Opportunities for resources.				
➤ Resource/service gap or shortages.				
➤ Staff's participation on boards, task forces and committees; or social work				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Attachment A

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
advocacy in the community.				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
Workload statistics (monthly).	Suspected misconduct by staff.	RA or per region's delegation of authority.	➤ Board memberships with potential conflict of interest.	RA
Pattern of non-compliance.	Pattern of budget overruns.	N/A	➤ Disciplinary actions.	RA
OCR complaints.	Report on corrective action plans/incidents reports.	N/A	➤ Supervisor evaluations.	RA
Media requests for information (major market).	FTE expenditures (monthly).	N/A	➤ Outside employment by staff if no conflict of interest.	RA
Serious threats to staff.	Performance indicators (e.g. placement rate; filing rate; permanency planning statistics).	N/A	➤ Outside employment by staff if conflict of interest.	Office Chief
Internal conflicts with impact on service delivery.	Workload issues; need for staff changes.	N/A	➤ Extended leave as required by personnel policies.	RA
Consistently outstanding staff performance; consistently poor staff	Suspected non-compliance or misconduct by	RA or per region's delegation of	➤ Hiring decisions.	RA or designee.

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

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< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
performance.	contractor.	authority.		

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
➤ Serious threats to staff or licensed facility.			CPT appointments.	RA
➤ Significant unmet training needs.			Oversight Committee appointments.	RA
➤ Staff feelings/morale.			ICWAC appointments.	RA
➤ Give RA feedback about decisions/concerns, policies, styles.			Monitoring region's budget and expenditures.	RA
➤ Corrective action plans (e.g. employee; residential care facilities; contractors; private agencies).			ECPs; ETPs; Waivers.	RA or per region's delegation of authority and/or DLR Director.
➤ Initiating contact to Legislators as representatives of the Department.			Initiating contacts to major media.	RA
➤ Communications by staff to those outside of the chain of command (e.g. letters			Out-of-state travel requests.	DSHS Secretary

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Attachment A

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
directly to the Secretary).				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
➤ Safety hazards.				
➤ Facility problems.				
➤ Major computer/equipment problems (e.g. networks going down frequently).				
➤ Unresolved issues with state office.				
➤ Backlog in state office.				
➤ Performance issues with state office which impacts service delivery in local offices.				
➤ Unreasonable requests for information from state office.				
➤ Intra-DSHS issues/conflicts.				
➤ Impact of policies on service delivery (both DCFS and cross				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

**POLICY FOR SHARED DECISION MAKING
AREA MANAGER
WITH REGIONAL ADMINISTRATOR**

Attachment A

Information to Regional Administrator (after the event).	Review by Regional Administrator (after the event and/or prior to approval at a higher level).	Authorized Decision Maker	Approval by Regional Administrator (prior to the event).	Authorized Decision Maker
programs).				

□ DCFS shall inform Tribes and offer the opportunity to review and/or approve the decision.

< CPT staffing either recommended or mandated. See CPT policy.

Note: Include OCCP licensor when appropriate.

TEAM DECISION MAKING PROPOSAL

Attachment B

Team decision making shifts the primary responsibility for key case decisions from the individual social worker to a decision making group comprised of involved parties and resource persons. We would anticipate that a shared decision making process will generally be superior to individual decision making because:

- a more thorough review and analysis of information can be achieved;
- a more diverse range of conclusions, options, and solutions can be generated and considered; and
- the likelihood of compliance by all parties affected by decisions is increased when they are involved in decision making.

There are examples of team decision making currently in use around the state, some involving division staff across programs, family members, and professionals representing other community providers and systems. This proposal recommends a more systematic and wide spread use of team decision making in service planning than is currently practiced in the division.

BENEFITS OF TEAM DECISION MAKING:

- provides opportunity for critical thinking and creative problem solving;
- shares responsibility for decisions among all involved parties;
- shares potential liability for unwanted outcomes of decisions; and
- offers an opportunity for quality assurance monitoring.

REQUIREMENTS OF TEAM DECISION MAKING:

- requires a significant investment of time for meeting organization and participation;
- depends on a degree of mutual respect and trust by participants;
- facilitated by an understanding and acceptance of roles by participants; and
- should be experienced as useful by participants, particularly the social worker and family.

PROGNOSTIC STAFFINGS

All children in placement beyond 60 days will be staffed by an internal team including the Area Manager (or designee). The staffing will focus on the case plan and permanency planning goals. Other staffing formats (ICWAC, Administrative Review, Foster Care Citizen Review Board, Wrap-around, etc.) could substitute. A prognostic staffing needs to occur

CHILDREN'S ADMINISTRATION CASE SERVICE POLICY MANUAL
APPENDIX C: SHARED DECISION MAKING

(ideally) 2 to 6 months after placement. Minimal participation would include the social worker, supervisor, area manager (or designee), foster parent, and child if age appropriate. Broader participation is encouraged in these team staffings.

The area manager could waive the staffing if the permanent plan is about to be achieved. We recommend the Legal Placement CAMIS module be amended to include the date of the prognostic staffing. Staffings need to be documented in CAMIS (SER).

PERMANENCY PLANNING STAFFINGS

Team staffings will occur prior to all Juvenile Court permanency planning hearings when the child is not in the home of choice and not likely to return to the parents within the next 90 days. All legally free children not in their home of choice will be staffed annually (more frequently if appropriate).

Minimal participation includes the social worker, foster parent, child if age appropriate, supervisor, area manager (or designee), and the adoptions supervisor (if termination is one of the plans considered and/or the child is legally free). These staffings could include a variety of other individuals such as representatives from Families for Kids. Other staffings such as ICWAC could meet the requirements. In agreement with the adoptions supervisor, this staffing could be considered the Adoption Review staffing.

In addition to permanency planning issues, these staffings should review special needs of children (such as ECP plans).

CPS/LICENSING STAFFINGS

Team staffings will include:

- licensed foster homes with 2 or more CPS referrals within 6 months;
- founded CA/N in foster care (regardless of risk level) where staff wish to leave children in the home; return children to the home; or utilize corrective action in lieu of revocation;
- licensed homes with a pattern of non-compliance with MLR's or poor care (Area Manager can waiver staffing if a corrective action plan is initiated and compliance is documented).

Minimal participation includes CPS social worker, CPS supervisor, licensor, placement worker (if different from licensor), licensing supervisor, social worker(s) for children in home, Tribe (if involved), licensing area manager (or designee), DCCEL for dually licensed homes, and AAG as appropriate.

Homes which meet the criteria for staffing but are certified by a private agency and licensed by the Regional Licensor will also be staffed. In such cases, the private agency staff will be part of the team.

CHILDREN'S ADMINISTRATION CASE SERVICE POLICY MANUAL
APPENDIX C: SHARED DECISION MAKING

CPT/INTERNAL CPS--ABUSE NEGLECT TEAMS

Internal staffings if:

- No community CPT available for mandated and/or recommended CPT staffings.
- CPS referrals on placement cases where children are in licensed care and/or relative care supervised by the Department.
- Life endangering neglect.

Minimal participation includes social worker, supervisor, area manager or designee, social worker(s) for other children in home/family, and CPS Coordinator if appropriate encourage workers to staff any complex case where a staffing is desirable.

EXTERNAL COMMUNITY TEAMS

Community Treatment Teams (wrap around):

Regions need to develop guidelines clarifying these teams authority for case decisions and funding. Teams also need a problem solving resolution including a mechanism for resolving disputes between administrators of systems (DCFS, DDD, Juvenile Courts, Mental Health, etc.) Tribes need to be included if a tribal child is involved in these teams. Multidisciplinary teams required by RCW 13.32A will be incorporated into existing community teams wherever possible.

Community Placement Teams:

Regions need to clarify the authority of these teams regarding placement decisions as it relates to DCFS children. Such teams generally determine mental health hospitalization, CLIP, CHAP, etc. placements. Tribes need to be included if a tribal child is involved in these staffings.

FOR ALL TEAMS, REGIONS NEED TO CLARIFY WITH TRIBES AND ICWAC THE NATURE OF THE TRIBAL/ICWAC PARTICIPATION IN TEAMING AND CONSULTATION STAFFINGS.

COMMUNITY CONSULTATION TEAMS

CHILD PROTECTIVE TEAMS

- Policy Mandate: RCW 74.14B.030 and Governor's Executive Order 95-04.
- Mandatory Membership: Culturally diverse and responsive.
- Mandatory Staffings:
1. Consultation on all cases where there is a risk of serious harm to a child and where there is dispute over whether out-of-home placement is appropriate;
 2. In all child protection cases in which the risk assessment results in a "moderately high" or "high" risk classification, and the child is age 6 years or younger;
 3. In all child protection cases where serious professional disagreement exists about a risk of death or serious injury;
 4. In all child protection cases that are opened on the basis of "imminent harm"; and
 5. In all complex child protection cases where such consultation will help improve outcomes for children.
- Recommended Staffings:
1. Alleged serious inflicted injury;
 2. CWS or FRS cases when there is serious dispute among professionals regarding health and safety issues.

ICWAC

Policy Mandate: RCW 13.70.150; WAC 388-70-610. The WAC states: Local Indian Child Welfare Committees shall be established within each region. The number and locations of the local committees shall be mutually determined by the Indian tribal governments and urban Indian organizations served by that region and the DSHS regional administrator.

ICW Manual: 10.02 B,C, H.

In providing services to Indian children and their families, the service worker considers a child's tribe as the primary resource for consultation and case plan development. For that reason the service worker does not involve ICWAC in specific cases unless:

1. The tribe has failed to respond within 10 days to a written request for involvement, or
2. The tribe has requested and defined what they would like ICWAC to do on their behalf, or
3. The child is an unenrolled Indian and not eligible for tribal membership and/or enrollment, or

CHILDREN'S ADMINISTRATION CASE SERVICE POLICY MANUAL
APPENDIX C: SHARED DECISION MAKING

4. Case requires a CPT, and no tribal/BIA CPT is available, or
5. The case requires an administrative review, or
6. The tribe has indicated they do not want to be actively involved in the case, or
7. There is reason to believe a child may be Indian but membership has not been verified.

All open DCFS/private agency cases shall be staffed by ICWAC that meet the above criteria.

If the ICWAC functions as a CPT or Administrative Review Team, the ICWAC must meet the mandatory aspects of the CPT/Administrative Review in regards to team membership and team process.

▪ **CROSS PROGRAM CHILDREN STAFFINGS**

- Policy mandate: N/A

These teams have their mandate from Children's Mental Health and their mandate and authority will vary by RSN. Regions need to ensure DCFS staff have clarification regarding these teams' authorities.

MINORITY ADVISORY/CROSS CULTURAL PLACEMENT TEAMS

Policy
Mandate: The Martinez OCR Agreement contains no specific requirement for such teams, although such teams would be consistent with the spirit of the agreement.

REGIONAL SAY TEAMS

Policy
Mandate: RCW 74.13.075(2). In expending funds for treatment of sexually aggressive youth, DSHS shall establish in each region a case review committee to review all cases for which the funds are used.

Mandatory
Membership: None

Mandatory
Staffings: In determining expenditure of SAY funds, the committee shall consider (a) the age of the juvenile; (b) the extent and type of abuse to which the juvenile has been subjected; (c) the juvenile's past conduct; (d) the benefits that can be expected from the treatment; (e) the cost of treatment; and (f) the ability of the juvenile's parent or guardian to pay for the treatment.

Recommen-
ed Staffings: As stated.

CHILDREN'S ADMINISTRATION CASE SERVICE POLICY MANUAL
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▪ **MULTI-DISCIPLINARY TEAMS**

Policy RCW 13.32A. These teams were established in the 1995 "runaway"
Mandate: legislation. Operational policy is not yet developed.

▪ **OVERSIGHT COMMITTEES**

Policy RCW 74.13.031 requires the department to establish a children's services
Mandate: advisory committee to advise on all matters relating to child welfare,
licensing of child care agencies, adoption, and related services.

Mandatory With passage of legislation in the 1995 session of the Legislature, there is
Membership: no mandated membership. The department has broad latitude to include
representation from a wide range of interests to assist and advise the
department on issues involving DCFS.

Mandatory The committee is mandated to assist the secretary in the development of a
Review: partnership plan for utilizing resources of the public and private sectors, and
advise on all matters relating to the division's programs and services.

Recommended Consultation/Review: Any major policy change and/or budgetary change
which will impact local communities. Oversight Committee members should be included in
Child Fatality Review teams.

CHILD FATALITY REVIEW TEAMS

Policy
Mandate: DSHS Administrative Policy 8.02; P. L. 93-247, section 107b; P. L. 102-
295, Child Abuse Prevention and Treatment Act; RCW 26.44.
Department policy requires an investigation by a community-based review
team of all child deaths related to child abuse and neglect and cases
involving families that have a current or recent history with DCFS.

Mandatory
Membership: There is no mandatory membership. However, membership shall include
community representatives selected based on their experience with child
abuse and neglect cases, knowledge of the community and its resources,
and knowledge of the department's systems. Members may include
representatives from mental health, medical providers, law enforcement,
the prosecutor's office, the local health department, the coroner or
medical examiner, etc.

Mandatory
Staffings: Fatality reviews shall occur with regard to
all child deaths related to child abuse and neglect as well as fatalities in
open cases, cases closed within the past year, and any death, including
SIDS, occurring in Children's Administration licensed, certified, or
supervised out-of-home care. Reviews also apply to unlicensed facilities
and homes certified for adoption.

CHILDREN'S ADMINISTRATION
APPENDIX C ADDENDUM

**ADDENDUM TO APPENDIX C
OFFICE OF FOSTER CARE LICENSING
SHARED DECISION MAKING POLICY
1/21/04**

(For non-program specific Shared Decision Making expectations, refer to Appendix C, CA Case Services Policy Manual)

PLEASE NOTE: The Authorized Decision Maker is the person who has the authority to make the final decision. Information from the licensor, or whoever initially receives the information, needs to be shared up the chain of command prior to submitting to the Authorized Decision Maker.

Placement/Child Safety Issues	Authorized Decision Maker	Applicable Policies/Procedures
Founded CA/N where staff want to leave child in foster home; Revocation initiated & child still in home; Licensor is in disagreement over a placement decision in a licensed home or facility, which could put the child(ren) to be placed or child(ren) already in licensed care at risk.	Assistant Secretary; Assistant Secretary; Joint staffing with all involved, moving quickly up the chain of command until situation has been resolved.	Comply with Practice & Procedure manual, Chapter 4267 – Removal of Children from Licensed Care. Int. Policy 1-07. Memo from Rosie Oreskovich 2-20-02 Whenever there are any child safety concerns, contact your supervisor immediately. Also please review the Foster Care Placements Memo, by Rosie Oreskovich, sent to all CA staff 2-20-02.
Decision to continue placement(s) in a licensed home or facility, which has been identified as one of concern due to multiple complaints, safety concerns or a pattern of poor care		
Licensor has concern(s) or is made aware of immediate safety concern(s) or physical hazard(s) in a licensed home or facility, which could put a child(ren) at immediate risk.	If the licensor is on the premises, remain if possible until there is a safety plan in place or the physical hazard has been removed. Otherwise, immediate notification up the chain of command until the situation is resolved	

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INVESTIGATIONS IN LICENSED FACILITIES	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Review incoming incident reports for accuracy/screen-ing decision	OFCL Licensing Supervisor or Regional Manager	
<p>Serious inflicted injury or sexual abuse by licensed caregiver, family member or staff in licensed homes or facilities</p> <p>Incident Reports which have hit the media or are likely to receive media attention</p> <p>All child deaths in licensed homes or facilities</p>	<p>DLR/CPS Supervisor submits FCIR when screened in for investigation;</p> <p>OFCL Regional Manager submits FCIR when screened out to licensing and is a high profile incident.</p>	<p>If screened in for DLR/CPS - DLR/CPS will fax the FCIR or complete the AIRS:</p> <ol style="list-style-type: none"> 1. DLR HQs - DLR Director, Special Assistant to DLR Director, OFCL Office Chief, DLR/CPS Section Manager, DLR/CPS Program Manager 2. CA HQs - Special Assistant to CA Assistant Secretary, DSHS Public Relations Officer for Media Relations 3. Copy to local DCFS Regional Administrator <p>If screened out to licensing, fax FCIR to:</p> <ol style="list-style-type: none"> 1. DLR HQs -DLR Director, Special Assistant to DLR Director, OFCL Office Chief, 2. CA HQs - Special Assistant to CA Assistant Secretary, DSHS Public Relations Officer for Media Relations 3. Copy to local DCFS Regional Administrator
Licensur or social worker disagreement in regard to DLR/CPS recommendation for removal	Joint staffing with all involved, moving up chain of command until resolved	CA Policy 1-05, Removal of Children from Licensed Homes
<p>Review of all Summary Assessments and monitoring in regard to follow-up on all identified licensing issues</p> <p>Monitoring and review of timelines, quality and content of FCIRs</p>	OFCL Licensing Supervisor or Regional Manager	

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Multiple Referral Policy	Authorized Decision Maker	
Any license which has had 4 accepted licensing refer-als during the past 12 months, or 5 accepted referrals within 2 years, or 6 accepted referrals within 3 years shall be staffed with the Regional Manager <u>if</u> at least one of these investigations resulted in an "inconclusive" or " <u>founded</u> " valid finding of a licensing violation	The recommendations of the person(s) or team staffing the case shall be forwarded to the Office Chief for review	
Administrative Approvals and Exceptions	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Criminal History:		
Disqualifying crimes on DSHS' Secretary's crime list	Assistant Secretary	
Any prior felony	OFCL Office Chief	
Domestic violence non-felony within the past 5 years	DLR Director	CA Policy 01-07, Implementation of Background Check WAC 388-06, 3-20-02
Character issues (all other crimes)	OFCL Regional Manager	
Exceptions for non-safety MLRs	OFCL Regional Manager	WAC 388-06-0170 – Disqualifying Crimes – Permanent
Founded CA/N:		
Founded CA/N	Assistant Secretary – Initial approval subsequent reviews – Regional Manager	WAC 388-06-0180 – Disqualifying Crimes 5 yrs. or less
Another incident of founded or inconclusive CA/N	Assistant Secretary	WAC 388-148-0085
Monitoring Devices:		
Monitoring devices, including video cameras, recording & listening devices, intercom systems or baby monitors for children over age 5	DLR Director	CA Policy 01-06 Electronic Monitoring, 11-30-01 Amendatory WAC 388-148-0260, for foster homes only, permits use of baby monitors for children age 1–5 years

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Restraints:		
Mechanical restraints or locked time-out rooms	OFCL Office Chief	CA Behavior Management Guidelines Memo, 3-3-00
Over-Capacity:		
Decision at the time of licensing to exceed capacity level of 6, to license 7 or more children	To license a sibling group: <ul style="list-style-type: none"> • OFCL Licensor can approve up to 7; • OFCL Regional Manager can approve 8 • OFCL Office Chief can approve 9 • DLR Director can approve 10 and above 	WAC 388-148-0525(6) – Exceeding Capacity Restrictions in Extraordinary Situations (sibling group, relative, special needs child).
Over-capacity (age, space, etc.) during regular business hours	All over-capacity requests during regular business hours, including placement of sibling groups, must have the approval of the OFCL Licensing Supervisor or OFCL Regional Manager	Current Status of Licensing Waivers Memo by Rosie Oreskovich, 6-18-01 WAC 388-148-0525 – Over-Capacity WAC 388-148-0025 – Age WAC 388-148-0260, 0265 – Bedrooms/Beds
Over-capacity (age, space, etc.) during after-hours on an emergency basis	An over-capacity request must be submitted the following working day to the OFCL Licensing Supervisor or OFCL Regional Manager for post placement authorizations in the event of a “short term” crisis. A “short term crisis” is generally no more than a week.	
Facility Staffing Requirements:		
Requests for changes in staffing levels (more kids per staff) for daytime or overnight staff in staffed residential or group facilities	OFCL Office Chief	WACs 388-148-0610, 0725, 0785. 0815, 0995. & 1045 - Staffing Ratios
Dual Licenses:		
Dual licenses, where the total number of children in both categories exceeds the number permitted by the most stringent capacity standards	Joint approval - DLR/DCCEL or DLR/AASA Directors or their designees	WAC 388-148-0058 (4) Dual Licenses
Dual licenses where the total number of children in both categories does not exceed the number permitted by the most stringent capacity standards	Joint approval - OFCL/DCCEL or OFCL/AASA Regional Managers	

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LICENSING ISSUES	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Review home study and compliance with MLRs prior to licensing, re-licensing or licensing amendments/modifications	OFCL Licensing Supervisor or OFCL Regional Manager	Supervisory or Regional Manager Sign-Off – Foster Home Licensing File Checklist – DSHS 10-182 Rev 10-01
Decision to license or re-license complex cases – homes or facilities which appears to be marginal, barely meet MLRs, history of multiple complaints, safety concerns or pattern of poor care	Staff up the chain of command up to the Assistant Secretary level if necessary	
Decision to license or re-license where the applicant(s) has been previously deprived of custody of a child(ren) through the Department	Assistant Secretary	WAC 388-06 WAC/Character & Suitability
Decision to re-license with a current corrective action/compliance plan in place	OFCL Office Chief	
Licensed home or facility is temporarily out of compliance with WAC and health and safety of children is not compromised	OFCL Regional Manager	Current Status of Licensing Waivers Memo by Rosie Oreskovich, 6-18-01
Initial licenses	OFCL Regional Manager	
Probationary licenses for when a licensed home or facility is temporarily out of compliance –not to be used for minor compliance issues	DLR Director	WAC 388-148-0095 - Probationary Licenses
Major corrective action/compliance plan for group home facility, staff, or CPA	OFCL Office Chief, in consultation with DLR Director	
Suspected non-compliance or misconduct by licensed contractor	Joint staffing with DCFS Contracts Coordinator and DCFS Group Care Coordinator	

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<i>Denials, Suspensions, Revocations, Disqualifications</i>	Authorized Decision Maker	Applicable Policies/Procedures
Send draft denial, suspension or revocation letter to local AAG Office for assignment of AAG	OFCL Licensing Supervisor or OFCL Regional Manager in consultation with OFCL Office Chief when necessary	WACs 388-148-0095, 0100, 0105, 0110, 0115, Denials, Suspensions, Revocations
Send draft disqualification letter to local AAG Office for assignment of AAG	OFCL Regional Manager	WACs 388-06-0200, 0210, 0220, 0230, 0240 – Disqualifications
Settlements	Authorized Decision Maker	Applicable Policies/Procedures
Voluntary closure or settlement of a licensed home or facility in lieu of denial or revocation	DLR Director	
Voluntary agreement or settlement in lieu of disqualification of a staff person	OFCL Office Chief	
Stop Placements	Authorized Decision Maker	Applicable Policies/Procedures
Initiating and Lifting Stop Placements for licensed homes	OFCL Licensing Supervisor or OFCL Regional Manager. Staff with DLR/CPS Supervisor as needed.	
Initiating and Lifting Stop Placements for group care facilities or child placing agencies	DLR Director in consultation with OFCL Office Chief.	
Disputed Stop Placements	Staffing with all involved parties, going quickly up the respective chains of command until resolved. May also require AAG consultation	
TRIBAL ISSUES	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Conflicts or disagreements with Tribal licensing issues.	OFCL Office Chief. If unable to resolve, DLR Director	Further consultation ICW Program & Policy Indian Policy for DSHS All ICW aspects must be discussed with the DLR Director

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CLIENT/COMMUNITY ISSUES	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Unresolved client complaints or case related conflicts with community agencies or professionals	OFCL Regional Manager staffs with OFCL Office Chief	
HIGH PROFILE/MEDIA	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Media contacts	DLR Director or OFCL Office Chief as needed	Follow DSHS Policy 2.08
PERSONNEL ISSUES	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Posting ,hiring requests Personnel actions, counseling memos, CIRs	HRA, Personnel Officer, OFCL Office Chief/DLR Director	Delegation of Hiring Authority Memo by Nancy Zahn, 3-29-01, updated 9-24-02
FACILITY/SAFETY ISSUES	AUTHORIZED DECISION MAKER	APPLICABLE POLICIES/PROCEDURES
Threats to worker safety or against CA staff Threats to licensees, staff or children in licensed homes or facilities	DCFS Regional Administrator, DLR Director, Assistant Secretary	Alert DLR Headquarters' Building/Business Manager; Safety Officer; call 911